



BAY COUNTY BUILDERS' SERVICES DIVISION

PLAN REVIEW SUBMITTAL FORM FOR ALL EXISTING BUILDINGS

NOTE: ALL EXISTING BUILDINGS MUST COMPLY WITH THE 5TH EDITION FLORIDA EXISTING BUILDING CODE AND IF COMMERCIAL, 5TH EDITION FLORIDA FIRE PREVENTION CODE

1. **TWO COMPLETE SETS OF PLANS**, drawn to scale. Architect required for commercial projects unless exempted by [481.229 of Florida Statutes](#). Include the following as appropriate:
 - A. Dimensioned site plan (all structures, impervious areas, property lines, setbacks, roads, water bodies)
 - B. Floor plan of existing building **prior** to improvement and separate plan of all **proposed** demos and changes
 - C. Mechanical, electrical, plumbing plans as applicable
 - D. Choose a compliance method per 101.5 Florida Existing Building Code
 Prescriptive Work area Performance Exception
 - E. For Work Area compliance method elect a level of alteration per 401.4 FEBC:
 Repair Level I Level II Level III Exception
 - F. Elevations and accessibility features (Document 20% cost towards accessibility if applicable)
 - G. Detailed fire alarm and fire protection plans if applicable
 - H. Method of compliance w/wind-load & wind-borne debris. Please see Bay County wind maps.

Wind-load Design Unless Interior Only

CHECK ONE

- a) Architect's/Engineer's Design
- b) Prescriptive design
See 1609.1 FBC or R301.2.1.1 FRC

Window Protection

CHECK ONE

- a) N/A – not in WBD area
- b) Impact Resistant Shutters
- c) Impact Resistant Glass
- d) Wood Panels-AFFIDAVIT **REQUIRED**

2. Approval from Planning & Zoning for land use
3. Complete, notarized Building Permit Application (Form B03)
4. Florida Energy Form (All non-exempt buildings and any renovation over 30% value of building)
5. Certified copy of Notice of Commencement (Form B05) (for improvements \$2,500 or greater per [713 F.S.](#))
6. Legal description or copy of deed – Parcel Number (Property ID #) _____
7. Signed Owner/Builder Disclosure Statement Affidavit (Form B06) (if not using a licensed contractor)
8. Signed driveway affidavit (Form B08)
9. Receipt from water provider or signed Statement of Water (Form B09)
10. Septic Tank Permit or utility sewer receipt
11. Signed Florida Product Approval Affidavit (Form B37) (see [553.842 F.S.](#) and [Florida Building Commission](#))

Brief Description of work: _____

Applicant or Design Professional to Complete All Information Below

Note: This applies to the **total building**, not just the work area

| | | |
|---|--|--------------------------------|
| No. of Stories _____ No. of units _____ | Type of Construction IA IB IIA IIB IIIA IIIB IVA IVB VA VB | Occ. Load of the space _____ |
| Occupancy classification _____ | Is this a change of use or occupancy? (Complete Form B61) ___ Yes ___ No | Value of building \$ _____ |
| Flood Zone: ___ No ___ Yes | Change of occupancy from: Group _____ to Group _____ | Value of improvement: \$ _____ |
| Substantial improvement: ___ No ___ Yes | Cost of accessibility improvements: \$ _____ | Addition _____ |
| Total Sq. Ft. of Building _____ | Fire alarm ___ Yes ___ No | Repair _____ |
| S.F. of Work Area _____ | Fire sprinkler ___ Yes ___ No | |

Contractor Signature _____



Bay County Builders Services
 840 W. 11th ST.
 Panama City, FL 32401
 850-248-8350 Fax: 850-248-8384

Master Permit # _____
 Date: _____

APPLICATION FOR BUILDING PERMIT
Code in effect 5th Edition Florida Building Code

OWNER'S NAME: _____ Phone #: _____
 Address: _____

PROJECT ADDRESS: _____ Parcel ID _____
 Proposed use of site: _____
 Commercial Projects, please list name of business: _____

CONTRACTOR'S NAME: _____
 Address: _____
 Contact Phone #: _____ Cell #: _____ E-mail: _____
 State License #: _____ Competency Card: _____

INTENDED OCCUPANCY:

Public Lodging Establishment* Single Family Residence Commercial

BUILDING INFORMATION:

Residential Commercial Valuation of Work: \$ _____

New Addition Alter/Repair Other: _____

Number of Stories _____ Number of Units _____ Square Ft. – U.R.: _____
 Square Ft. – H/C: _____

| | | | | | |
|--------------------------|------------------|--------------------------|---------------|--------------------------|--------------|
| <input type="checkbox"/> | Single Family | <input type="checkbox"/> | Dock/seawall | <input type="checkbox"/> | Windows |
| <input type="checkbox"/> | Duplex | <input type="checkbox"/> | Storage | <input type="checkbox"/> | Doors |
| <input type="checkbox"/> | Multi-Family | <input type="checkbox"/> | Demolition | <input type="checkbox"/> | Vinyl Siding |
| <input type="checkbox"/> | Garage/Carport | <input type="checkbox"/> | Swimming pool | <input type="checkbox"/> | Shutters |
| <input type="checkbox"/> | Other (describe) | | | | |

***Pursuant to Fla. Stat. §509.013, public lodging establishment means any unit, group of units, dwelling, building, or group of buildings within a single complex of buildings which is rented to guests more than three times in a calendar year for periods of less than 30 days or 1 calendar month, whichever is less, or which is advertised or held out to the public as a place regularly rented to guests. Included in this definition are vacation rentals.**

A change of occupancy or use of a building may require the owner to make application to the Building Official and obtain the required permit for the new occupancy.



NOTICE OF COMMENCEMENT

Permit No. _____
State of Florida
County of Bay

Tax Folio No. _____

To Whom It May Concern:

The undersigned hereby gives Notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

Description of property (legal description of the property, and street address if available): _____

General description of improvement: _____

Owner Name: _____

Address: _____

Owner's interest in site of the improvement: _____

Fee Simple Titleholder Name: _____

Address: _____

Contractor Name: _____

Address: _____

Phone Number: _____

Payment Bond Surety: _____

Address: _____

Phone Number: _____ Amount of Bond: \$ _____

Lender Name: _____

Address: _____

Phone Number: _____

Person within the State of Florida designated by Owner upon whom Notices or other documents may be served as provided by Section 713.13(1) (a) 7., Florida Statutes:

Name _____

Address _____

Phone Number: _____

In addition to himself or herself, Owner designates _____ of _____ to receive a copy of the Lienor's Notice as provided in Section 713.13(1) (b), Florida Statutes. Phone Number: _____

Expiration date of Notice of Commencement is one (1) year from date of recording unless a different date is specified _____.

Signature of Owner

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____ (name of person making statement).

Signature of Notary Public (State of Florida)

NOTARY SEAL

Personally Known _____ or Produced Identification _____
Type of Identification Produced _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROVER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK ON RECORDING YOUR NOTICE OF COMMENCEMENT.



BAY COUNTY BUILDERS' SERVICES DIVISION
STATEMENT FOR WATER

Site Address: _____

_____ **WELL** A working potable water well located on the site which will be used water supply to the structure. (no public utilities are available)

_____ **SEPTIC TANK** A new or existing septic system located on the site will be used. (Provide a current septic permit or existing system letter from the Bay County Health Department before building permit can be issued.

_____ **PUBLIC UTILITIES – WATER** Are available and will utilized for water to the structure. (Provide water receipt from serving utility company indicating available service and that all tap fees and impact fees have been paid)

_____ **PUBLIC UTILITIES – SEWER** Are available and will be utilized for sewer to the structure. (Provide sewer receipt from serving utility company indicating available services and that all tap fees have been paid)

Owner/Agent/Contractor Signature

Date



BAY COUNTY BUILDERS' SERVICES DIVISION
RESIDENTIAL DRIVEWAY AFFIDAVIT

This notice is to inform you that a driveway final inspection will be needed for your project if it is on a County road.

_____ New driveway - you will need to apply to the Engineering Department for a Driveway Permit for a new access to a County road.

_____ Existing driveway - the inspection is still required, but is free of charge.

_____ Private Drive – No permit or inspection is required

All questions regarding driveway permits and inspections should be directed to the Engineering Department at 248-8301.

**Electricity cannot be turned on
Until the driveway final inspection is approved and filed.**

I have read and understand the above,

Homeowner/Agent/Contractor Signature

Date



Florida Product Approval Affidavit

In complying with Chapter 17 of the Florida Building Code, I _____ as the contractor/builder, attest the structure to be built or renovated at _____ will comply with the established standards for performance of products and materials set forth by the product approval guidelines as required by 553.842 [Florida Statute](#) and 61G20-3 [Florida Administrative Code](#).

Information and approval numbers of the building components will be available at the time of inspection of these products to the inspector on the jobsite: 1) copy of the product approval; 2) the performance characteristics which the product was tested and certified to comply with; and 3) copy of the applicable manufacturer's installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection. **A copy of the completed Product Approval Specification Sheest will be returned to Bay County Builders Services before a Certificate of Occupancy will be issued.**

Contractor/Builder signature

Date

PRODUCT APPROVAL SPECIFICATION SHEET

As required by Florida Statute [553.842](#) and the [Florida Administrative Code](#), please provide the information and approval numbers on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products.

| Category/Subcategory | Manufacturer | Product Description | Approval Number(s) |
|----------------------------------|--------------|---------------------|--------------------|
| 1. Exterior Doors | | | |
| A. Swinging | | | |
| B. Sliding | | | |
| C. Sectional | | | |
| D. Roll-up | | | |
| E. Automatic | | | |
| F. Other | | | |
| | | | |
| 2. Windows | | | |
| A. Single Hung | | | |
| B. Horizontal Slider | | | |
| C. Casement | | | |
| D. Double Hung | | | |
| E. Fixed | | | |
| F. Awning | | | |
| G. Pass Through | | | |
| H. Projected | | | |
| I. Mullion | | | |
| J. Wind Breaker | | | |
| K. Dual Action | | | |
| L. Other | | | |
| | | | |
| 3. Panel Walls | | | |
| A. Siding | | | |
| B. Soffits | | | |
| C. EIFS | | | |
| D. Storefronts | | | |
| E. Curtain Walls | | | |
| F. Wall Louver | | | |
| G. Glass Block | | | |
| H. Membrane | | | |
| I. Greenhouse | | | |
| J. Other | | | |
| | | | |
| 4. Roofing Products | | | |
| A. Asphalt Shingles | | | |
| B. Underlayments | | | |
| C. Roofing Fasteners | | | |
| D. Non-Structural Metal Roofing | | | |
| E. Wood Shingles and Shakes | | | |
| F. Roofing Tiles | | | |
| G. Roofing Insulation | | | |
| H. Waterproofing | | | |
| I. Built Up Roofing Roof Systems | | | |
| J. Modified Bitumen | | | |
| K. Single Ply Roof Systems | | | |

| Category/Subcategory | | Manufacturer | Product Description | Approval Number(s) |
|----------------------|--|--------------|---------------------|--------------------|
| L. | Roofing Slate | | | |
| M. | Cements-Adhesives Coatings | | | |
| N. | Liquid Applied Roof Systems | | | |
| O. | Roof Tile Adhesive | | | |
| P. | Spray Applied Polyurethane Roof | | | |
| Q. | Other | | | |
| | | | | |
| 5. | Shutters | | | |
| A. | Accordion | | | |
| B. | Bahama | | | |
| C. | Storm Panels | | | |
| D. | Colonial | | | |
| E. | Roll-up | | | |
| F. | Equipment | | | |
| G. | Other | | | |
| | | | | |
| 6. | Skylights | | | |
| A. | Skylight | | | |
| B. | Other | | | |
| | | | | |
| 7. | Structural Components | | | |
| A. | Wood Connectors/ Anchors | | | |
| B. | Truss Plates | | | |
| C. | Engineered Lumber | | | |
| D. | Railing | | | |
| E. | Coolers-Freezers | | | |
| F. | Concrete Admixtures | | | |
| G. | Material | | | |
| H. | Insulation Forms | | | |
| I. | Plastics | | | |
| J. | Deck Roof | | | |
| K. | Wall | | | |
| L. | Sheds | | | |
| M. | Other | | | |
| | | | | |
| 8. | New Exterior Envelope Product | | | |
| | | | | |

The products manufacturer, description, and approval numbers can be obtained from the Florida Building Code information system on the web @ [Florida Building Code Online](#). I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite: 1) copy of the product approval; 2) the performance characteristics which the product was tested and certified to comply with; and 3) copy of the applicable manufacturers installation requirements. Further, I understand these products may have to be removed if approval cannot be demonstrated during inspection. A completed copy of this Product Approval Specification Sheet will be returned to Bay County Builders Services before a Certificate of Occupancy will be issued.

Applicant Signature

Date